

FEB 26 2004

Practitioner's Docket No. MPI98-149P1USRCM

OFFICIAL

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ramakrishnan, Vanitha et al.
Application No.: 09/775,803 Group No.: 1635
Filed: February 5, 2001 Examiner: Whiteman, Brian A.
For: TRANSGENIC ANIMALS HAVING A MODIFIED GLYCOPROTEIN V GENE
AND METHODS FOR THEIR USE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
(37 C.F.R. SECTION 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed December 15, 2003, finally rejecting claims: 1, 3, 5, 8, 10, 13, 15, 21, 23, 24 and 26-30.

The item(s) checked below are appropriate:

I. STATUS OF APPLICANT

This application is on behalf of

- (X) other than a small entity.
() a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"
(Mailing Label No.)

TRANSMISSION

- ☒ transmitted by facsimile to the Patent and Trademark Office (703-872-9306).

Paula Swirka

Signature

Paula Swirka

(type or print name of person certifying)

Date: February 26, 2004

*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

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A statement:

- ☐ is attached.
☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. Section 1.17(b), the fee for filing the Appeal Brief is:

☐ small entity \$165.00

☒ other than a small entity \$330.00

Notice of Appeal fee due \$330.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

| Extension (months) | Fee for other than small entity | Fee for small entity |
|---------------------------------------|------------------------------------|-------------------------|
| <input type="checkbox"/> one month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> two months | \$ 420.00 | \$ 210.00 |
| <input type="checkbox"/> three months | \$ 950.00 | \$ 475.00 |
| <input type="checkbox"/> four months | \$1,480.00 | \$ 740.00 |
| <input type="checkbox"/> five months | \$2,010.00 | \$1,005.00 |

Fee \$0.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- (a) ☐ An extension for _____ months has already been secured, and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this \$0.00 request

or

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- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

or

- (c) ☐ Applicant is requesting an extension of time concurrently herewith.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$330.00
Extension fee (if any) \$0.00

TOTAL FEE DUE \$330.00

5. FEE PAYMENT

- ☐ Attached is a check in the sum of \$ _____
☒ Charge Account No. 501668 the sum of \$330.00
A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

- ☐ If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 501668.

AND/OR

- ☐ If any additional fee for claims is required, charge Account No. 501668.

February 26, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By

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